

## COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Name: JACOBS KANTEG W.  
 (Last) (First) (Middle Initial)

Prisoner Number: #V470080

Institutional Address: P.O. Box 1000 SOLEDAD, CA 95960

UNITED STATES DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA

KANTEG WITH JACOBS  
 (Enter your full name.)

vs.

COOL CHAVIN NEWSOM COV.

(Enter the full name(s) of the defendant(s) in this action.)

3:21-cv-07846-WHO

Case No. CV 21-05673-VAP (KS)  
 (Provided by the clerk upon filing)

COMPLAINT UNDER THE  
 CIVIL RIGHTS ACT,  
 42 U.S.C. § 1983

**I. Exhaustion of Administrative Remedies.**

**Note:** You must exhaust available administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.

- A. Place of present confinement SALINAS VALLEY STATE PRISON
- B. Is there a grievance procedure in this institution? YES ☒ NO ☐
- C. If so, did you present the facts in your complaint for review through the grievance procedure? YES ☒ NO ☐
- D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue any available level of appeal, explain why.

1. Informal appeal: JULY 27, 2009

2. First formal level: B218605

3. Second formal level: S197464

4. Third formal level: CN 11-7463-PSG (FFIM)

E. Is the last level to which you appealed the highest level of appeal available to you?

YES ☒ NO ☐

F. If you did not present your claim for review through the grievance procedure, explain why.

I HAVE: HOLMEN V. HOLMEN 305 F.3d 854, 866 (9<sup>th</sup> Cir. 2001)  
TAKING JUDICIAL NOTICE OF OPINION AND BRIEFS FILED IN ANOTHER  
PROCEEDING. ROBINSON RANCHERIA V. BOMBO INC. 971 F.2d 144, 148 (9<sup>th</sup> Cir. 1992)  
DID NOT HAVE A JURY OF MY PEERS.

## II. Parties.

A. Write your name and present address. Do the same for additional plaintiffs, if any.

KANTER WILSH JACOBS  
PO BOX 1080 B-1 ISO  
SOLICAD, CA 93960

B. For each defendant, provide full name, official position and place of employment.

COLN  
CAVIN NEWSOM GOVERNOR

1 **III. Statement of Claim.**

2 State briefly the facts of your case. Be sure to describe how each defendant is involved  
3 and to include dates, when possible. Do not give any legal arguments or cite any cases or  
4 statutes. If you have more than one claim, each claim should be set forth in a separate  
5 numbered paragraph.

6 NO BILL OR ATTAINDER OR EX POST FACTO LAW SHALL  
7 BE PASSED. CALIFORNIA VOTERS PASSED PROPOSITION 57  
8 WHICH QUALIFIED ME FOR RELEASE. THE CITIZENS OF EACH  
9 STATE SHALL BE ENTITLED TO ALL PRIVILEGES AND IMMUNITIES OF  
10 OF CITIZENS IN SEVERAL STATE. THE LAW PASSED, LET ME GO.  
11 NO PERSON SHALL BE COMPELLED IN ANY CRIMINAL CASE  
12 TO BE A WITNESS AGAINST HIMSELF, NOR BE DEPRIVED  
13 OF LIFE OR PROPERTY, WITHOUT LIBERTY OR DUE PROCESS  
14 OF LAW. THE LAW CHANGED AND GRANTED MY RELEASE,  
15 IT SEEMS I HAVE BEEN ACCUSED IN A CRIMINAL PROSECUTION  
16 WITHOUT BEING INFORMED OF THE NATURE OF THE ACCUSATION  
17 NOR CURRENT THE ASSISTANCE OF COUNSEL FOR MY DEFENSE.

16 **IV. Relief.**

17 Your complaint must include a request for specific relief. State briefly exactly what you  
18 want the court to do for you. Do not make legal arguments and do not cite any cases or  
19 statutes.

20 GRANT MY RELEASE.  
21 AWARD ME \$1,000.00 A DAY FOR EVERY DAY  
22 PAST SEPTEMBER 2014  
23 \$2,553,000.00

24 I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

25 Executed on: 9/12/2021  
Date

Signature of Plaintiff



State of California

Department of Corrections and Rehabilitation  
Office of Appeals

# Memorandum



To: Claimant

Subject: **TIME-EXPIRED RESPONSE FROM THE OFFICE OF APPEALS**

Thank you for submitting your appeal for review by the California Department of Corrections, Office of Appeals. Pursuant to Title 15, section 3486(i)(10), if the Office of Appeals is not able to respond to a claim in 60 calendar days, as in this case, then the claim must be answered "time-expired." As a result, the answer provided by the Office of Grievances remains unchanged and this appeal is now closed. No further action will be taken by the Department and no appeal of this action is permitted under the regulations.

Also, pursuant to Title 15, section 3485(e), "The appeal package submitted by the claimant shall be stored electronically by the Department. The CDCR Form 602-2 shall contain a notification to the claimant that the documents submitted will not be returned to the claimant." Therefore, your Form 602-2 and any supporting documents are not included with this response.

However, a copy of your entire appeal package is maintained in your Central File. The process for requesting copies of documents contained in Central Files, often referred to as an *Olsen* review, can be found in the Department Operations Manual, sections 13030.16 and 13030.17.

Thank you,

HOWARD E. MOSELEY  
Associate Director



CALIFORNIA DEPARTMENT of  
Corrections and Rehabilitation

## CLAIMANT APPEAL CLAIMS DECISION RESPONSE

**Re:** Appeal Claims Decision Response

**Offender Name:** JACOBS, KANTEE WREH

**Date:** 09/15/2021

**CDC#:** V43080

**Current Location:** SVSP-Facility B

**Current Area/Bed:** B 001 1 - 150001L

**Log #:** 000000136916

### Claim # 001

**Institution/Parole Region of Origin:** Salinas Valley State Prison

**Facility/Parole District of Origin:** SVSP-Facility B

**Housing Area/Parole Unit of Origin:**

**Category:** Offender Case Records

**Sub-Category:** Other Case Records Issue - NOS

The California Department of Corrections and Rehabilitation (CDCR) Office of Appeals received this claim on 07/16/2021.

California Code of Regulations, title 15, provides the Office of Appeals 60 calendar days to complete a response. Due to the expiration of time, this response by the Office of Appeals will be the only response.

You do not need to resubmit this claim to the Office of Grievances or to the CDCR Office of Appeals.

**Decision:** Time Expired

State of California

Department of Corrections and Rehabilitation  
Office of Appeals

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